Crackley Hall School

Healthcare Plan

Name:

Date of birth:

Does your child suffer with a condition that requires medication? If yes, please list below:

Does your child suffer with another condition that we should be aware of? If yes, please list below:

State personal identification used if relevant: *e.g. card, pendant, bracelet.*

Emergency contact 1

Name:

Home No.

Work No.

Mobile No.

Emergency contact 2

Name:

Home No.

Work No.

Mobile No.

GP Contact

Name:

Phone No:

Hospital Contact

Name:

Phone No:

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Details of pupil's condition

Please give details on the type of condition(s) that your child suffers:

Are there any sports activities you do not wish your child to participate in?

Describe what constitutes an emergency for your child and the action to take if this occurs:

If there are additional notes or information from your Healthcare Practitioner, please attach to this form and return to the School Office.

Crackley Hall School

Please provide information on current medication prescribed by the GP
(Please use the reverse of this sheet if your child has been prescribed more that two types *of medication)*

Name of Medication:
(as described on the container)

Dosage:

When is it taken:

Are there any side effects the School should be aware of?

Name of Medication:
(as described on the container)

Dosage:

When is it taken:

Are there any side effects the School should be aware of?

Shared Information

I understand and agree the information in this form will be shared with staff and in an emergency situation will be given to other health professionals.
I also understand that this form will kept in my child's personal file at school.

Parental signature: _____ Date:_____

Please print your name: _____